

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1	▲				
8	1					
9	1					
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11	1					
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TOTAL IND.	2		▲	▼		▼
TOTAL DEP.	18	◀		◀	◀	◀
TOTAL CLAIMS	20	18	18	18	18	18

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			▼	▼		▼
TOTAL DEP.		◀		◀	◀	◀
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS